



Queer Asterisk Mandatory Disclosure

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Degrees: MA in Transpersonal Counseling Psychology from Naropa University, 2014
BA in Psychology from New York University, 2008
Credentials: Unlicensed Registered Psychotherapist, NLC.0105028
Certified Personal Trainer with AFAA

In accordance with Colorado State Law 12-43-214, as your counselor I must provide you with the following information about myself and your rights as my client. Any questions, concerns or complaints regarding the practice of mental health professionals may be directed to the Board of Examiners at the Mental Health Licensing Division of Regulatory Agencies. Address: 1560 Broadway, Suite 1350 Denver, CO 80202 Phone: 303-894-7800

As to the regulatory requirements applicable to mental health professionals: A Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Registered Psychotherapist is registered with Department of Regulatory Agencies, is not licensed or certified, and no degree, training or experience is required.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. However, a conclusion session may be beneficial.

Under Colorado law, parents have the right to access mental health treatment information concerning their minor children unless the court has restricted access to this information. If parents request treatment information, I may provide a treatment summary in compliance with Colorado Law and HIPAA standards; however, I may also recommend that parents respect the privacy of their children to maintain trust in the therapeutic relationship.

Our sessions are strictly confidential. I meet regularly for group supervision with the Queer Asterisk clinical team to consult about your treatment, however, these professionals are also bound by law to protect your confidentiality. The following are exceptions to confidentiality:

1. I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened.
2. I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely disabled as a result of a mental disorder.
3. If there is reason to believe that child abuse or neglect has occurred, I am required to report it to Social Services for their investigation. I required to report abuse that happened in the past when the victim is 18 years of age or older if the abuser is currently in a position of trust with children.
4. I am required to report any suspected threat to national security to federal officials.
5. I may be required by Court Order to disclose treatment information.
6. In some cases if you are under the age of 18, you may not have confidentiality.
7. I may be required to report if you are over 18 and disclose that you were abused by a person who is currently in a position of trust relationship with a child, for any amount of time, AND if there is reasonable cause to suspect that the person has subjected another child who is currently under the age of 18 to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect.

In a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies. Other dual relationships, such as teacher/student are rarely appropriate and will be considered on a case-by-case basis. In order to maintain a professional relationship, please do not offer me purchased / monetary gifts.

Policies

A session is typically 50 minutes. Sessions may be extended to 80 minutes if mutually agreed upon, for example in family or couples therapy. If you are unable to keep an appointment I request 24-hour notice, without which I charge in full for missed appointments. Exceptions to this policy are extreme weather or sudden illness.

I will return emails and phone call within twenty-four hours during business hours, unless you have been notified that I am out of the office. Please be advised that Queer Asterisk does not provide 24/7 emergency services or crisis interventions. If you or someone you know is experiencing a medical, life-threatening emergency call 911 or go to the nearest emergency department. If you or someone you know is otherwise in crisis call Colorado Crisis Services at 1-844-493-8255 or go to their nearest walk-in clinic. Both are available to the community 24/7.

Contract

I agree to pay the rate of \$ _____ per _____ minute session, and I agree to pay at the time of each visit. I understand that Queer Asterisk does not bill insurance companies directly and my therapist will provide a receipt of services provided upon request that I can submit to my insurance company.

I have read the preceding information, also provided verbally, and I understand my rights as a client or as the client's guardian. I acknowledge that I have received a copy of this disclosure.

Client's Name

Client's Signature

Date

Guardian's Signature (if applicable)

Date

Brett Adamek, MA, CPT

Date

Description of Approaches

Somatic/Embodiment Psychotherapy is an empirically supported, strength-based approach that engages body, mind, and spirit to create a more holistic experience of the healing process. This approach uses sensation, movement, and creative expression to access internal resources and further emotional, cognitive, physical, spiritual, and social integration.

Therapeutic Movement/Touch is experientially based and utilizes mindfulness in conjunction with body awareness and physical movement. When employing this method, I may occasionally suggest a non-invasive form of touch as part of the work or suggest movements that I may believe would facilitate the process. If at any time the touch or movement is not helpful in supporting your process, please let me know and I will stop immediately.